



State of Washington  
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER  
☐ Permanent ☐ Temporary ☐ Short Term

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE **MINIMUM** FEE OF \$50.00 PAYABLE TO  
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

For Ecology Use  
(Date Stamp)  
DEPT. OF ECOLOGY

AUG 22 2011

**Section 1. APPLICANT**

Applicant/Business Name: Rainier View Water Company – Bob Blackman	Phone No: (253) 537-6634	Other No:
Address: PO Box 44427		
City: Tacoma	State: WA	Zip: 99448
Email Address (optional):		

Contact Name (if different from above): Jill Van Hulle/Pacific Groundwater Group	Phone No: 360-413-1510	Other No:
Relationship to Applicant: Consultant		
Address: 3130 60 <sup>th</sup> Loop SE		
City: Olympia	State: WA	Zip: 98501
Email Address (optional): Jill@pgwg.com		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project Artondale Water System water right realignment. RVW seeks a new permit that allows for use of any Artondale well within constraints of currently issued water right permits

Anticipated length of time to complete your project: 20 years, or full system buildout

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Municipal Supply	2,230 (non-additive)	748.1 (non-additive)	Year-round, as needed
<b>TOTAL:</b>	2,230 (non-additive)	748.1 (non-additive)	

**Short Term/Temporary Water Use**

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Ecology Use	APPLICATION NO: <u>62-30580</u> SEPA: Exempt/Not Exempt
	Fee Paid: <u>\$ 50.00</u> Check No: _____ ECY Coding: 001-001-WR1-0285-000011
Date Returned _____ By _____	Priority Date <u>8/22/11</u> By <u>SC</u> WRIA: <u>15</u>



Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

<b>A.) If Surface Water Source</b>	<b>B.) If Ground Water Source</b>
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: _____
Tributary to: _____	Number of proposed points of withdrawal: 13
Number of proposed diversion points: _____	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test. Well Tag ID No. _____

**C.) Point of Diversion/Withdrawal – Legal Description – SEE ATTACHED**

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)  
from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_\_ ) corner of Section \_\_\_\_\_.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
\_\_\_\_\_ feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)  
from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_\_ ) corner of Section \_\_\_\_\_.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO  
Provide the owner name(s), address, and phone number: \_\_\_\_\_

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

*Area served by Rainier View Water Company. The place of use of this water right is the service area described in a Water System Plan approved by the Washington State Department of Health. RCW 90.03.386 may have the effect of revising the place of use of this water right if the criteria in section RCW 90.03.386(2) are met*

¼	¼	Section	Twp.	Range	County	Parcel No.
					Pierce	

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO  
Provide owner name(s), address, and phone number: RVW is a municipal water right provider with duty to serve water within it's designated service area.

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO  
If yes, provide the water right and/or claim numbers: Water Right certificates G2-01001, G2-01002, G2-20209, G2-24907, G2-24970, G2-25227, G2-22210, G2-22848, G2-21948, G2-25523, and permit G2-28822 are appurtanent to the Artondale system.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Group A water system utilizing 13 wells, with associated storage and distribution system

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: <u>1,777 Equivalent Residential Connections</u>
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: <u>2,202 ERU</u> (20 year projection)

**C.) Water System Planning**

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☒ YES ☐ NO

If yes, date plan was approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Water System Number: \_\_\_\_\_

Name of water system: Artondale Water System

Are you within the service area of an existing water system? ☐ YES ☐ NO

If yes, explain why you are unable to connect to the system: \_\_\_\_\_

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

**Irrigation**

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

**Stockwater**

List number and kind of stock: \_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

**Other Proposed Farm Uses**

Describe all proposed uses: \_\_\_\_\_

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_



Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

Mining/Industrial Use

Describe use, method of supplying and utilizing water: \_\_\_\_\_

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: System is located on the Gig Harbor Peninsula. Contact Rainier View Water for a guided tour of Artondale water system.

Site Address: \_\_\_\_\_

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Robert Blackman  
Print Name  
(Applicant or authorized representative)

[Signature]  
Signature

8-15-2011  
Date

\_\_\_\_\_  
Print Name  
(Landowner of Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Landowner of Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Landowner of Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit your application to:** DEPARTMENT OF ECOLOGY  
CASHIERING SECTION  
PO BOX 5128  
LACEY WA 98509-5128

Please check the region in which your proposed project is located.

☒ Southwest ☐ Northwest ☐ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



**Southwest Regional Office:** 360-407-6300

**Northwest Regional Office:** 425-649-7000

**Central Regional Office:** 509-575-2490

*If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341*

# Attachment A – Well locations and Designations

Well	1/4	1/4	Section	Township	Range	ID Tag	Parcel
Artondale 1	NE	NW	24	21	1 E		0121235058
Artondale 2	NE	NW	24	21	1 E		0121235058
Bayview A	SE	SW	24	21	1 E	AAB 142	0121243015
Bayview B	SE	SW	24	21	1 E	AAB 143	0121243015
Pinecrest A	SE	SE	23	21	1 E	AAB 141	6879000370
Pinecrest B	SE	SE	23	21	1 E	AAB 140	6879000342
Tank Well	NW	SE	23	21	1E	ABE 930	0121235058
Swanson	NW	SW	23	21	1E	AAB 139	8867090871
Locker Road	NE	NE	22	21	1E		0121221041
Cromwell	NW	SE	25	21	1E		0121254046
Cedar Haven	Block 1 of the plat of Cedar Haven Homes		24	21	1E		2935000110
Seafox	SW	SE	25	21	1E	ABE 929	7501000381
Madrona	NW	NE	23	21	1E	ABA 694	3000140782